Schedule E)	PAGE 1 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	Amends report filed on 08 20 2014
Full Name of Payee Chelsea Gothie	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 5 Lincoln St	Amount
City State Zip Coo	de 448.50
Manchester by the MA 01944	Transaction ID: 24-03-00029-00030 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Categ	
Name of Federal Candidate	Support Office Sought: X House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 448.5	Disbursement For:
Full Name of Payee Kristin Roderick	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address 68 Salem St	Amount
City State Zip Co	de 156.00
Salem MA 01970	Transaction ID: 24-03-00030-00031 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Categ	
Name of Federal Candidate	Support Office Sought: House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 6	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) CODICIAL OF ROMEON Macportal Experiance	304.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.	
Darryl Tattrie[Electronically Fil	led] Date 09 06 2014
Signature	

Schedule E)	LIVI EXPEND	TIONES	PAGE 2 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour report	New rep	port X Amends repo	ort filed on 08 20 2014
Full Name of Payee Kate Jordan			Date of Public Distribution/Dissemination
Mailing Address 92 Jackson St			Amount
City	State	Zip Code	312.00
Salem	MA	02140	Transaction ID : 24-03-00031-00032 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	07 16 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	.,,	916.50	Disbursement For:
Full Name of Payee Shirley Ortiz			Date of Public Distribution/Dissemination
Mailing Address 64 Rand St			Amount
City	State	Zip Code	370.50
Revere	MA	02151	Transaction ID: 24-03-00034-00063 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / 04 / Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	.,,	1287.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 682.50
(b) SUBTOTAL of Unitemized Independent Expo	enditures		·· •
(c) TOTAL Independent Expenditures			
	ididate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electron	nically Filed] Date	e 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Sc	chedule E)	110.120		PAGE 3 OF 17 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
F	Forward Massachusetts		C	C00563981
Ch	neck if 24-hour report 48-hour report New rep	port X Amends repo	ort filed on 08	20 2014
	Full Name of Payee Kristin Roderick		Date of Pr	ublic Distribution/Dissemination
	Mailing Address 68 Salem St		Amount	
	City State	Zip Code	— L.	442.00
	Salem MA	01970		on ID: 24-03-00035-00064 isbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	08	04 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	1729.00	Disbursement Fo 2014 Other	r:
	Full Name of Payee Yasneiry Rodriguez		Date of P	rublic Distribution/Dissemination
	Mailing Address 83 Congress St		Amount	
	City State	Zip Code		364.00
	Salem MA	01970		on ID: 24-03-00036-00065 hisbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	08	04 / 2014
	Name of Federal Candidate	X Support	Office Sought:	House District: 06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	2093.00	Disbursement Fo	or:
	(a) SUBTOTAL of Itemized Independent Expenditures		•	806.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		.	7 1 7 1 7
	(c) TOTAL Independent Expenditures		>	7 7 7
,	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date		06 2014
	Signature			

Schedule E)	JENT EXTEND	TIONES		PAGE 4 OF 17 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼	
Forward Massachusetts	Forward Massachusetts C C00563981				
Check if 24-hour report 48-hour report	New rep	port X Amends repo	ort filed on 08	20 / 2014	
Full Name of Payee Chelsea Gothie			Date of Public	C Distribution/Dissemination	
Mailing Address 5 Lincoln St			Amount		
City	State	Zip Code		253.50	
Manchester by the	MA	01944		ID: 24-03-00038-00067 ursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type	M M M 08	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	≺ House District:06	
Seth Moulton		Oppose	President	Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought	7	2346.50	Disbursement For: 2014 Other (sp	Primary General Decify) ▶	
Full Name of Payee Kate Jordan			Date of Publi	c Distribution/Dissemination	
Mailing Address 92 Jackson St			Amount		
City	State	Zip Code		300.12	
Salem	MA	02140		D: 24-03-00040-00069 ursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type	M M M	08 2014	
Name of Federal Candidate		X Support	Office Sought:	X House District:06	
Seth Moulton		Oppose	President	Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought		2646.62	Disbursement For: 2014 Other (sp	Primary General Decify) ▶	
(a) SUBTOTAL of Itemized Independent Exper	nditures			553.62	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	1111111	
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize				
Darryl Tattrie Signature	[Electron	nically Filed] Date	9 09 / 06	2014	

Sc	chedule E)	51101120	<u> </u>	PAGE 5 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			NTIFICATION NUMBER ▼
F	orward Massachusetts			00563981
Che	eck if 24-hour report 48-hour report New re	report X Amends repo	ort filed on 08	20 / 2014
Ţ	Full Name of Payee Method Strategies, LLC This expenditure was not made in coop	pperation, consultation or	Date of Public I	Distribution/Dissemination
	Mailing Address 233 5th Ave		Amount	
ľ	City State	Zip Code		5409.00
	Venice CA	90291		: 24-03-00026-00027 sement or Obligation
	Purpose of Expenditure Campaign Palm Card	Category/ Type	08 /	13 / 2014
Ì	Name of Federal Candidate	X Support	Office Sought:	House District: 06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	8055.62	Disbursement For: 2014 Other (spec	✓ Primary General cify) ►
	Full Name of Payee Raiza Bautista		Date of Public	Distribution/Dissemination
	Mailing Address 71 Michigan Ave		Amount	
ľ	City State	Zip Code		156.00
	Lynn MA	01902		24-03-00053-00082 sement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	08	15 / 2014
Ì	Name of Federal Candidate	X Support	Office Sought:	House District: 06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	8211.62	Disbursement For: 2014 Other (spec	X Primary General
((a) SUBTOTAL of Itemized Independent Expenditures		. •	5565.00
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7
((c) TOTAL Independent Expenditures		•	7
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize carty committee) any political party committee or its agent.			
		ronically Filed] Date	09 / 06	2014
	Signature			

Sc	chedule E)	110.120		PAGE 6 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	DIDENTIFICATION NUMBER ▼
F	orward Massachusetts		С	C00563981
	eck if 24-hour report 48-hour report New rep	port X Amends repo	ort filed on 08	20 / 2014
	Full Name of Payee Jake Robert		Date of Pu	ublic Distribution/Dissemination
	Mailing Address 60 Gregory St		Amount	
	City State	Zip Code	— L.	351.00
	Marblehead MA	01945		on ID: 24-03-00054-00083 sbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	08	15 2014
	Name of Federal Candidate	Support	Office Sought:	X House District:06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	8562.62	Disbursement For 2014 Other	r:
	Full Name of Payee Michelle Mendez		Date of Pu	ublic Distribution/Dissemination
	Mailing Address 27 Phillips Ave #2		Amount	
1	City State	Zip Code		533.00
	Lynn MA	01902		n ID : 24-03-00055-00084 sbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	M 08	/ 15 / Y Y Y Y Y Y
-	Name of Federal Candidate	X Support	Office Sought:	X House District: 06
	Seth Moulton	Oppose	President	Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	9095.62	Disbursement For 2014 Other	r: X Primary General (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		•	884.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		.	7
	(c) TOTAL Independent Expenditures		>	7 1 7 1 7
١	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	e 09 0	
	Signature			

Schedule E)	I EXI END	ITOTILO		PAGE 7 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report	New rep	ort X Amends repo	ort filed on	08 20 2014
Full Name of Payee Angel Gonzalez				of Public Distribution/Dissemination
Mailing Address 71 Michigan Ave			Amou	ınt
City	State	Zip Code		468.00
Lynn	MA	01902		saction ID: 24-03-00057-00086 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 15 2014
Name of Federal Candidate		Support	Office Sough	nt: X House District:06
Seth Moulton		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	9563.62	Disbursemer 2014	nt For: X Primary General Other (specify) ▶
Full Name of Payee Natasha Davila				of Public Distribution/Dissemination
Mailing Address 71 Michigan Ave			Amou	unt
City	State	Zip Code		416.00
Lynn	MA	01902		action ID: 24-03-00058-00087 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 15 / 2014
Name of Federal Candidate		X Support	Office Sough	ht: X House District: 06
Seth Moulton		Oppose	Presid	lent Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	, , ,	9979.62	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	s			884.00
(b) SUBTOTAL of Unitemized Independent Expendite	ures			
(c) TOTAL Independent Expenditures			. 🗀	
				7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidar party committee) any political party committee or its	te or authorized			
Darryl Tattrie	[Electron	ically Filed] Date	9 09	06 2014
Signature				

Schedule E)	ENDENT EXICENS	II OILEO		PAGE 8 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Forward Massachusetts			С	C00563981
Check if 24-hour report 48-hour	report New report	oort X Amends repo	ort filed on 08	20 / 2014
Full Name of Payee Jessica Holm-Sanchez			Date of Pu	blic Distribution/Dissemination
Mailing Address 169 Fayette St			Amount	
City	State	Zip Code		208.00
Lynn	MA	01902		on ID: 24-03-00059-00088 sbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 08	15 / 2014
Name of Federal Candidate		Support	Office Sought:	X House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		10187.62	Disbursement For 2014 Other	:
Full Name of Payee Jasmin West			Date of Pu	ublic Distribution/Dissemination
Mailing Address PO Box 1523			Amount	J
City	State	Zip Code		117.00
Amherst	NH	03031		n ID : 24-03-00060-00089 sbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	M M M	15 / Y Y Y Y Y Y Y 2014
Name of Federal Candidate		X Support	Office Sought:	House District:06
Seth Moulton		Oppose	President	Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		10304.62	Disbursement For 2014 Other	r: X Primary General (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		•	325.00
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	77
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee.	any candidate or authorized			
Darryl Tattrie	[Electron	nically Filed] Date	9 09 0	
Signature				

Schedule E)	ENT EXILEN	DITOTILO	PAGE 9 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour report	New re	eport X Amends repo	ort filed on 08 20 2014
Full Name of Payee Edwin Soto			Date of Public Distribution/Dissemination
Mailing Address 25 South St			Amount
City	State	Zip Code	325.00
Lynn	MA	01905	Transaction ID : 24-03-00064-00106 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: X House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	1,11,7	10629.62	Disbursement For:
Full Name of Payee Emily Perez			Date of Public Distribution/Dissemination
Mailing Address 9 Henry Ave #2			Amount
City	State	Zip Code	260.00
Lynn	MA	01902	Transaction ID : 24-03-00065-00107 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: X House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	1.9.1.1.9	10889.62	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 585.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. >
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electro	onically Filed] Date	e 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
	0
Check if X 24-hour report 48-hour report New report X Amends report fill	ed on 08 / 20 / 2014
Full Name of Payee Genesis Guerrero	Date of Public Distribution/Dissemination
Mailing Address 47 Collins St #3	Amount
City State Zip Code	260.00
Lynn MA 01960	Transaction ID : 24-03-00066-00108 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Soth Moulton	fice Sought: House District: 06
Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Display:	sbursement For:
Full Name of Payee Maciel Gonzalez	Date of Public Distribution/Dissemination
Mailing Address 47 Collins St #3	Amount
City State Zip Code	208.00
Lynn MA 01902	Transaction ID: 24-03-00067-00109 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	fice Sought: House District: 06
Seth Moulton Oppose	President Senate State: MA
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	468.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(S) SSSTOTAL OF OFFICE INDEPENDENT EXPENDITURES	495 495 495
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Sc	hedule E)	TI OTILO		PAGE 11 OF 17 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
H	orward Massachusetts			C C00563981
Che	eck if 24-hour report 48-hour report New report	port X Amends repo	ort filed on	08 20 Y 2014
T	Full Name of Payee Ashley Menard			of Public Distribution/Dissemination
	Mailing Address 54 Webster St		Amour	nt
ŀ	City State	Zip Code		260.00
	Lynn MA	01902		action ID: 24-03-00068-00110 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type		08 15 / 2014
Ì	Name of Federal Candidate	Support	Office Sought	t: X House District: 06
	Seth Moulton	Oppose	Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	11617.62	Disbursement 2014 Ot	t For:
	Full Name of Payee Chelsea Gothie			of Public Distribution/Dissemination
	Mailing Address 5 Lincoln St		Amour	nt
-	City State	Zip Code	-	442.00
	Manchester by the MA	01944	Transac Date o	ction ID: 24-03-00069-00111 of Disbursement or Obligation
	Purpose of Expenditure Payroll	Category/ Type	M	08 / 15 / 2014
Ì	Name of Federal Candidate	X Support	Office Sought	t: X House District:06
-	Seth Moulton	Oppose	Preside	ent Senate State: MA
	Calendar Year-To-Date Per Election for Office Sought	12059.62	Disbursement 2014 Ot	t For:
((a) SUBTOTAL of Itemized Independent Expenditures			702.00
((b) SUBTOTAL of Unitemized Independent Expenditures		· •	
((c) TOTAL Independent Expenditures		·· •	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	e 09 /	06 2014
	Signature			

Schedule E)	LIVI LXI LIVI	STIGHT	PAGE 12 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts			C C00563981
Check if 24-hour report 48-hour report	New re	port X Amends repo	ort filed on 08 20 2014
Full Name of Payee Michael Bonbon			Date of Public Distribution/Dissemination
Mailing Address 16 Shollaber St			Amount
City	State	Zip Code	130.00
Peabody	MA	01960	Transaction ID : 24-03-00042-00071 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 06
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		12189.62	Disbursement For:
Full Name of Payee Brian Jean-Francois			Date of Public Distribution/Dissemination
Mailing Address 71 Michigan Ave			Amount
City	State	Zip Code	507.00
Lynn	MA	01902	Transaction ID: 24-03-00044-00073 Date of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support	Office Sought:
Seth Moulton		Oppose	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		12696.62	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		▶ 637.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Darryl Tattrie Signature	[Electro	onically Filed] Date	e 09 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	HOLHI EXI END	II OILO		PAGE 13 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts				C C00563981
Check if 24-hour report 48-hour report New report Amends report filed on 08 20 2014				
Full Name of Payee Kendrick Jean-Francois				Public Distribution/Dissemination
Mailing Address 71 Michigan Ave			Amoun	
City	State	Zip Code		416.00
Lynn	MA	01902		ction ID: 24-03-00045-00074 Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	X House District: 06
Seth Moulton		Oppose	Presider	NAA
Calendar Year-To-Date Per Election for Office Sought	7 7	13112.62	Disbursement 2014 Oth	For:
Full Name of Payee Charlene Fernandez				f Public Distribution/Dissemination
Mailing Address 2 Adams St			Amoun	t
City	State	Zip Code		481.00
Lynn	MA	01902		tion ID: 24-03-00052-00081 f Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		08 / 18 / 2014
Name of Federal Candidate		X Support	Office Sought	: X House District: 06
Seth Moulton		Oppose	Preside	nt Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		13593.62	Disbursement 2014 Ot	For:
(a) SUBTOTAL of Itemized Independent Ex	kpenditures			897.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		-	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Darryl Tattrie	[Electron	nically Filed] Date	e 09	06 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report N	lew report Amends report filed on 08 20 2014
Full Name of Payee Yasneiry Rodriguez	Date of Public Distribution/Dissemination
Mailing Address 83 Congress St	
	Amount
City State Salem MA	Zip Code 78.00 01970 Transaction ID : 24-03-00063-00105 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type 08 18 2014
Name of Federal Candidate	Support Office Sought: X House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Augustina Matos	Date of Public Distribution/Dissemination
Mailing Address 27 Phillips Ave #2	Amount
City State	Zip Code 481.00
Lynn MA	01902 Transaction ID : 24-03-00046-00075 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	Category/ Type 08 / 18 / 2014
Name of Federal Candidate	Support Office Sought: X House District: 06
Seth Moulton	Oppose President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	559.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Darryl Tattrie	Electronically Filed] Date 09 06 2014
Signature	

PAGE

OF

Sc	hedule E)			PAGE 15 OF 17 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼	
F	orward Massachusetts		C	C00563981	
Che	Check if 24-hour report 48-hour report New report Amends report filed on 08 20 2014				
T	Full Name of Payee Erick Ubri		Date of P	Public Distribution/Dissemination	
	Mailing Address 47 Burrill Ave #1		Amount		
ŀ	City State	Zip Code		208.00	
	Lynn MA	01902		ion ID: 24-03-00047-00076 Disbursement or Obligation	
	Purpose of Expenditure Payroll	Category/ Type	08		
ı	Name of Federal Candidate	X Support	Office Sought:	X House District:06	
	Seth Moulton	Oppose	President	Senate State: MA	
	Calendar Year-To-Date Per Election for Office Sought	14360.62	Disbursement Fo	or:	
	Full Name of Payee Travis Thurman		Date of P	Public Distribution/Dissemination	
	Mailing Address 60 Aspen Rd		Amount		
ŀ	City State	Zip Code		325.00	
	Swampscott MA	01907		on ID: 24-03-00048-00077 Disbursement or Obligation	
	Purpose of Expenditure Payroll	Category/ Type	08	18 2014	
ľ	Name of Federal Candidate	X Support	Office Sought:	House District: 06	
	Seth Moulton	Oppose	President	Senate State: MA	
	Calendar Year-To-Date Per Election for Office Sought	14685.62	Disbursement For 2014 Other	or: X Primary General r (specify) ▶	
((a) SUBTOTAL of Itemized Independent Expenditures		•	533.00	
((b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7	
((c) TOTAL Independent Expenditures		>	7 1 7 1 7 1	
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
		cically Filed] Date		06 2014	
	Signature				

Sc	hedule E)	TI OTILO		PAGE 16 OF 17 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼	
FC	orward Massachusetts			C C00563981	
Che	Check if 24-hour report 48-hour report New report Amends report filed on 08 20 2014				
T	Full Name of Payee Layza Espinal			f Public Distribution/Dissemination	
	Mailing Address 14 Trinity Ave		Amoun		
ŀ	City State	Zip Code		260.00	
	Lynn MA	01902		action ID: 24-03-00049-00078 f Disbursement or Obligation	
	Purpose of Expenditure Payroll	Category/ Type		08	
ľ	Name of Federal Candidate	X Support	Office Sought:	: X House District: 06	
	Seth Moulton	Oppose	Preside	NAA	
	Calendar Year-To-Date Per Election for Office Sought	14945.62	Disbursement 2014 Ott	For:	
Ī	Full Name of Payee Emely Benzan			f Public Distribution/Dissemination	
	Mailing Address 10 Timson St #2		Amoun	nt	
ŀ	City State	Zip Code		429.00	
	Lynn MA	01902		ction ID: 24-03-00050-00079 If Disbursement or Obligation	
	Purpose of Expenditure Payroll	Category/ Type	М	08 / 18 / 2014	
	Name of Federal Candidate	X Support	Office Sought	: X House District: 06	
-	Seth Moulton	Oppose	Preside	nt Senate State: MA	
	Calendar Year-To-Date Per Election for Office Sought	15374.62	Disbursement 2014 Ot	For: X Primary General her (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			689.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		. •	7 7	
(c) TOTAL Independent Expenditures		· -	7	
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
		nically Filed] Date	e 09 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Forward Massachusetts	C C00563981
Check if 24-hour report 48-hour report New report Amends report filed o	n 08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee Angelyz Benzan	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address 10 Timson St #2	Amount
City State Zip Code	429.00
Lynn MA 01902	Transaction ID : 24-03-00051-00080 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 / 18 / 2014
Name of Federal Candidate Support Office 9	Sought: X House District:06
Seth Moulton	President Senate State: MA
45000.00	sement For: X Primary General
Per Election for Office Sought 15803.62 2014	Other (specify) ▶
Full Name of Payee Kate Jordan	Date of Public Distribution/Dissemination
Mailing Address 92 Jackson St	Amount
City State Zip Code	330.38
Salem MA 02140 T	ransaction ID : 24-03-00106-00158 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office s	Sought: X House District: 06
Coth Moulton	President Senate State: MA
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	759.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	16134.00
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Darryl Tattrie [Electronically Filed] Date 09	M / D
Signature	

PAGE

OF